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**STOCKSBRIDGE  
URBAN DISTRICT COUNCIL**

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**ANNUAL  
REPORT**

of the

**Medical Officer of Health**

for the Year

**1958**





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# STOCKSBRIDGE URBAN DISTRICT COUNCIL

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## **PUBLIC HEALTH COMMITTEE, 1958.**

Councillor A. HAWLEY (Chairman)

- „ J. W. ALLOTT, J.P. (Chairman of the Council)
  - „ A. RAINS (Vice-Chairman of the Council)
  - „ J. C. BATTYE
  - „ J. P. HOLLING
  - „ A. E. JACKSON
  - „ A. T. NEEDLE
  - „ P. SCHOFIELD
  - „ L. H. SCHOLEY
  - „ A. SWEENEY
  - „ G. A. WAINWRIGHT
  - „ Mrs. M. WEST
- 

## **STAFF OF THE HEALTH DEPARTMENT**

### **Medical Officer of Health :**

J. MAIN RUSSELL, M.B., Ch.B., B.Hy., D.P.H.

### **Senior Assistant Medical Officer :**

J. J. SMITH, M.B., Ch.B., D.P.H.

### **Sanitary Inspector and Surveyor :**

DOUGLAS E. ROBINSON, M.S.I.A., Cert. M. & F.I.

### **Additional Sanitary Inspector :**

A. E. KAYE, Esq., R.S.H., Cert.

Official address of Medical Officer of Health :

MORTOMLEY HALL, HIGH GREEN, Near SHEFFIELD.

Tel. No. : High Green 292.



# STOCKSBRIDGE URBAN DISTRICT COUNCIL

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## Annual Report of the Medical Officer of Health for the year 1958.

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### To the Chairman and Members of the Stocksbridge Urban District Council.

Lady and Gentlemen,

I have the honour to submit my Annual Report upon the Health Services of the Stocksbridge Urban District for the year ended 31st December, 1958. As in previous years I am including in my report some statistical information indicating the extent to which the Part III services of the Local Health Authority have been used during the year.

The Birth Rate, at 17.6 per 1,000 of the population is very much the same as the rate for 1957, being only two decimal figures below that figure. This indicates a very satisfactory state of affairs regarding the health of the district. The corrected Birth Rate is 17.2.

The Still-birth Rate for 1958 remains the same as for the previous year — 10.8 per 1,000 live and still-births, and is less than half that for the rest of the Country.

There has been an increase in the Death Rate, which for 1958 is 11.3 per 1,000 of the population. The corrected rate is 14.5.

On looking over the table showing the principal causes of death it is observed that out of the total of 118 deaths 44 were due to diseases of the heart and circulatory system. The next highest cause of death was Cancer and Vascular lesions of the Nervous System, which each accounted for 16 deaths. In all there were three accidental deaths, one of which was a road accident, the other two being industrial accidents.

There were no home accidents reported during the year. In the past few years a lot of propaganda has been put out regarding accidents in the home which, after all, average

more over the whole Country than road accidents. One would like to think that the absence of any home accidents in the Stocksbridge District during 1958 was the direct result of the public having a greater awareness of the problem and taking more precautions than hitherto.

The Infantile Death Rate has fallen compared with the rate for 1957 and, at 21.7, is lower than that for the rest of the Country. In all there were four infantile deaths under the age of one year, three children dying within the first week of life and the other within the first three months. Those deaths were due to congenital malformations and were, therefore, considered unpreventable. As I reported last year, a survey has been completed with the aim of gathering information on still-births and neo-natal deaths. At the time of the preparation of this report there is no information forthcoming as to the outcome of this survey.

The year 1958 was an exceptionally good year from the point of view of Infectious Diseases. In fact, the year produced the lowest number of cases of Infectious Disease on record. There were only 11 cases notified in the whole period, four of them being cases of Acute Primary Pneumonia, six Scarlet Fever and one Measles.

As is usual, Mr. Robinson has prepared that part of the report dealing with sanitary circumstances. He has given statistical details of the services provided by him and his staff and this report indicates a maintenance of a high standard of efficiency in the Department.

Sewerage and Sewage Disposal still gives us some concern, because we are still awaiting improvements and extensions to the Sewage Disposal Works in Deepcar. There is now a total of 97.83% of all houses in the Stocksbridge Urban District connected to the sewer. Together with the Sewage Disposal Works we are still waiting for renewal of the sewers in part of New Road and in Manchester Road. One hopes that this scheme will not be delayed much longer.

Water supplies are satisfactory, with 97.7% of all dwelling houses on public supplies. Of the remaining small percentage, in all 82 houses, the private supply used is satisfactory and no complaints have been received during the year.

In concluding this short preamble to my report I would like to put on record my appreciation of the encouragement

and help afforded me by the Chairman and members of the Health Committee during the year. Together with this I would like to thank the Clerk and his staff, and other officials of the Council, for their co-operation and advice whenever it was sought. I would like to thank, sincerely, Mr. Robinson, my Chief Public Health Inspector, and his staff for their continued loyalty to the duties in the Department and to me.

Lastly I want to put on record my grateful thanks to Dr. J. J. Smith, Senior Asst. County Medical Officer, for her advice, her help, and her wise counsel throughout the year.

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health.



## **DISTRICT STATISTICS IN BRIEF.**

The Stocksbridge Urban District covers an area of 4,631 acres. The number of inhabited houses at the end of 1958 was 3,693. The rateable value of the district is £146,046 whilst the product of a penny rate is £580. 0s. 0d. as at 1st April, 1959.

### **VITAL STATISTICS.**

#### **Population.**

The Registrar General has given his estimation of the population as 10,480, an increase of 140 as compared with the 1957 figure.

#### **Births.**

There were 184 live births registered in the district during the year. Of these 116 were males and 68 females. This is the same figure as last year. There were 5 illegitimate births, 3 male and 2 female.

#### **Still-Births.**

During the year there were 2 still-births, both female. There were no illegitimate still-births.

#### **Deaths.**

118 deaths were attributed to the district during 1958. This is an increase of 31 compared with the 1957 figure. 74 male and 44 female.

Below I give tables of Live Birth Rates, Still-birth Rates and Crude Death Rates, with those rates for other parts of the Country.

## RATES PER 1,000 TOTAL POPULATION

Year	England and Wales	West Riding Administrative County	Stocksbridge U. D.
<b>LIVE BIRTHS</b> (Rates per 1,000 of the Population)			
1958	16.4	16.7	17.6
1957	16.1	16.6	17.8
1956	15.7	16.4	16.4
1955	15.0	15.3	16.7
1954	15.2	15.1	14.3
<b>DEATHS</b> (Crude Death Rate) (Rates per 1,000 of the Population)			
1958	11.7	11.9	11.3
1957	11.5	11.7	8.4
1956	11.7	11.8	9.6
1955	11.7	11.7	9.7
1954	11.3	11.9	12.2
<b>STILL-BIRTHS</b> (Rates per 1,000 Live and Still-births)			
1958	21.6	22.8	10.8
1957	22.4	23.9	10.8
1956	23.0	23.1	23.1
1955	23.1	26.4	39.1
1954	23.4	25.9	39.5

## PRINCIPAL CAUSES OF DEATH

<b>Cancer</b>	Male	Female	Total
Malignant neoplasm, stomach .....	1	1	2
Malignant neoplasm, lung .....	3	—	3
Malignant neoplasm, breast .....	—	3	3
Other malignant and lymphatic neoplasms including leukaemia .....	5	3	8
<b>Diabetes</b> .....	1	—	1
<b>Nervous System</b>			
Vascular lesions of nervous system .....	7	9	16
<b>Circulatory System</b>			
Coronary disease, angina .....	10	6	16
Hypertension with heart disease .....	1	2	3
Other heart disease .....	12	8	20
Other circulatory diseases .....	2	3	5
<b>Respiratory System</b>			
Influenza .....	2	—	2
Broncho-Pneumonia .....	3	2	5
Bronchitis .....	7	—	7
Other Diseases of Respiratory System	1	—	1
<b>Digestive System</b>			
Ulcer of stomach and duodenum .....	1	—	1
<b>Genito-Urinary System</b>			
Nephritis and Nephrosis .....	3	2	5
Hyperplasia of prostate .....	2	—	2
<b>Infant Deaths</b>			
Congenital malformations .....	1	1	2
<b>Other Defined and Ill-Defined Diseases</b>	8	2	10
<b>Violence (Suicide)</b> .....	2	1	3
<b>Accidents</b>			
Motor Vehicle .....	1	—	1
Other Accidents .....	1	1	2
<b>All Causes</b> .....	74	44	118

## AGE DISTRIBUTION OF DEATHS

								Male	Female
Under 1 year	.....	.....	.....	.....	.....	.....	.....	3	1
1 to 2 years	.....	.....	.....	.....	.....	.....	.....	—	—
2 to 5 years	.....	.....	.....	.....	.....	.....	.....	—	—
5 to 15 years	.....	.....	.....	.....	.....	.....	.....	—	—
15 to 25 years	.....	.....	.....	.....	.....	.....	.....	—	—
25 to 45 years	.....	.....	.....	.....	.....	.....	.....	6	2
45 to 65 years	.....	.....	.....	.....	.....	.....	.....	22	11
65 years and over	.....	.....	.....	.....	.....	.....	.....	43	30
TOTAL								74	44

### Infantile Mortality

There were 4 deaths under 1 year of age (3 male and 1 female), equivalent to a rate of 21.7 per 1,000 live births.

## DEATHS UNDER 1 YEAR

(Rates per 1,000 Related Live Births)

					England and Wales	West Riding Administrative County	Stocksbridge U.D.
1958	.....	.....	.....	.....	22.5	24.4	21.7
1957	.....	.....	.....	.....	23.0	26.4	32.6
1956	.....	.....	.....	.....	23.8	27.1	17.8
1955	.....	.....	.....	.....	24.9	26.2	5.8
1954	.....	.....	.....	.....	25.5	28.0	34.2



**TABLE SHOWING AGE DISTRIBUTION OF  
INFANTILE DEATHS**

Cause of Death				Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
Congenital Malformations and Birth Injuries .....				3	—	—	—	3	1	—	—	—	4
Total .....				3	—	—	—	3	1	—	—	—	4
1957 .....				4	1	—	—	5	1	—	—	—	6
1956 .....				3	—	—	—	3	—	—	—	—	3
1955 .....				1	—	—	—	1	—	—	—	—	1
1954 .....				4	—	1	—	5	—	—	—	—	5

**Maternal Mortality.**

There were no maternal deaths during 1958.

**Epidemic Diseases.**

There were two deaths in the Epidemic Diseases (other than Tuberculosis) Group during the year.

**Inquests.**

Inquests were held on 6 occasions and in 7 cases the cause of death was certified by the Coroner after Post Mortem Examination without Inquest.

**NATIONAL HEALTH SERVICE ACTS, 1946/57.**

**Vital Statistics.**

In Ministry of Health Circular 22 dated 9th December, 1958, the Minister points out that hitherto the presentation in Annual Reports of vital statistics relating to Mothers and Infants has shown considerable variation and it has been difficult to make comparisons. The Minister has requested the Medical Officer of Health to include the following statistics for the area, setting out the figures in the order as shown below.

Live Births	.....	.....	.....	.....	.....	.....	.....	.....	.....	184.
Live Birth Rate per 1,000 population	.....	.....	.....							17.6
Still-births	.....	.....	.....	.....	.....	.....	.....	.....	.....	2.
Still-births rate per 1,000 live and still-births	.....									10.8
Total live and still-births	.....	.....	.....	.....	.....	.....	.....	.....	.....	186.
Infant deaths	.....	.....	.....	.....	.....	.....	.....	.....	.....	4.
Infant mortality rate per 1,000 live births	.....	.....								21.7
Infant mortality rate per 1,000 live births										
—legitimate	.....	.....	.....	.....	.....	.....	.....	.....	.....	21.7
Infant mortality rate per 1,000 live births										
—illegitimate	.....	.....	.....	.....	.....	.....	.....	.....	.....	—
Neo Natal mortality rate per 1,000 live births	.....									16.3
Illegitimate live births per cent of total live births										—
Maternal deaths (including abortion)	.....	.....	.....							—
Maternal mortality rate per 1,000 live and still-										
births	.....	.....	.....	.....	.....	.....	.....	.....	.....	—

# **PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES**

## **Infectious Diseases other than Tuberculosis**

During the year 11 cases of Infectious Disease were notified. They were distributed as follows :—

	Notifications	After Correction
Measles	1	1
Scarlet Fever	6	6
Pneumonia	4	4
	11	11

# **ATTACK RATE OF COMMONER INFECTIOUS DISEASES**

Disease	England and Wales	West Riding Administrative County	Stocksbridge U. D.
Scarlet Fever	0.86	1.20	0.57
Pneumonia	0.49	0.56	0.38
Measles	5.75	3.79	0.09
Whooping Cough	0.74	0.75	0.00

# DISTRIBUTION OF INFECTIOUS DISEASES BY AGE GROUPS

DISEASE	0-1 yr.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	5-10 yrs.	10-15 yrs.	15-25 yrs.	25-35 yrs.	35-45 yrs.	45-65 yrs.	65 yrs. and over	TOTAL
	Measles	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
	Scarlet Fever	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	6
	Whooping Cough	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	—
	Acute Pneumonia	.....	.....	.....	.....	.....	.....	1	.....	.....	2	1	4
TOTALS	.....	.....	.....	3	.....	4	.....	1	.....	.....	2	1	11



## **Scarlet Fever.**

During the year 6 cases of Scarlet Fever were notified to the Department. This is 2 more than the number notified during 1957. 5 of the cases occurred in the first quarter of the year and 1 in the second quarter. The cases were mild in type, and there was no resultant morbidity. So far as I am aware, all the cases were removed to Hospital, but this was purely for isolation purposes, and not because of any degree of serious illness.

The attack rate of 0.57 compares most favourably with the rate of 0.86 for England and Wales and 1.20 for the West Riding Administrative County.

## **Diphtheria.**

It is 13 years now since we had a case of Diphtheria in the Stocksbridge Urban District. This is a most pleasing state of affairs, which I am very happy to report. However, it is my duty to give a word of warning. During the past year much publicity has been given to the fall in the numbers of children attending for immunisation against Diphtheria. It has been emphasised that unless the level of immunisation is raised there is a great danger of a recurrence of the disease.

The number of children in Stocksbridge Urban District who during 1958 received primary protection against Diphtheria was 155. Of this number 83 were under 5 years of age and 72 between the ages of 5 and 15 years. In addition 79 children received "booster" doses on commencing School.

## **Measles.**

There was only one case of Measles notified during the year.

The whole district experienced the lowest incidence of infectious diseases since records were kept, and Measles was no exception. The case, which occurred in Deepcar, affected a child of 3 years, and was notified during the fourth quarter of the year.

It would appear that Measles is occurring in the district in a two-yearly cycle. In 1957 there were 189 cases, compared with 1 case this year.

## **Whooping Cough.**

No case of Whooping Cough was reported to the Department during 1958.

Systematic immunisation against Whooping Cough was commenced a year or two ago, and the demand for this protective measure is becoming a routine factor in the early life of a child. Immunisation can be obtained either at the Infant Welfare Clinic or at General Practitioners' Surgeries, and I do urge all parents of young children to take advantage of the protection that is offered. Maybe this absence of Whooping Cough in the district is a significant pointer to what we may expect in the near future.

I am pleased to report that 72 children in Stocksbridge were immunised against Whooping Cough in 1958, which is 53 more than were immunised during 1957. Of the 72 children receiving this protection, 69 were under 5 years of age.

## **Poliomyelitis.**

During the year the incidence of Poliomyelitis in the Division was the lowest since this disease struck the headlines about 10 years ago. No case was reported in the Stocksbridge Urban District and, therefore, there appears to be no point in my commenting on national statistics in this respect.

The scheme introduced by the Ministry of Health in 1956, which provided for the vaccination against Poliomyelitis of all children up to the age of 15 years, expectant mothers, and other groups of persons at possible risk, was extended in September, 1958, to include all young persons from 16 to 25 years of age. Meanwhile the administering of the programme was fraught with difficulties. Supplies of American Salk Vaccine, together with Vaccine manufactured in Canada, were coming into the Country to augment the limited supplies of British manufacture. The stringent tests laid down by the Ministry for its quality are such that it meant an inevitable delay in the delivery of Vaccine. There had been production difficulties of a technical nature, and not only have these setbacks been confined to British Vaccine, but two substantial batches of Salk Vaccine from America, for different reasons, failed to arrive in the Country. This then was the position during the first half of the year — a very high acceptance rate offset by the non-availability of Vaccine. As the year pro-

gressed and supplies improved, an intensive drive was made to reduce the numbers awaiting injections and in the months of May and June prior to the commencement of the so called "Poliomyelitis Season" 3,243 completed injections were carried out, compared with 2,170 in the four months January to April, and 3,018 in the period July to December. The system of recording Poliomyelitis vaccinations is so complex that of necessity the scheme must be run on a Divisional basis, and because of this it is not possible to give figures for individual County districts.

The table appended below indicates the situation as applied to the whole Division for the year ended 31st December, 1958.

<b>Completed Injections.</b>				Expectant
Months.				Mothers.
Age Group 1943-1957.				
January-February	.....	.....	1,498	1
March-April	.....	.....	655	16
May-June	.....	.....	3,205	38
July-August	.....	.....	1,483	34
September-October	.....	.....	928	22
November-December	.....	.....	507	54
TOTAL .....				165

\* Includes 3,115 of the 10-15 years age group — vaccinated at Schools.

**Number of persons receiving one injection.**

Age Group 1943-1957 — 668. Expectant Mothers — 2.

**Number of persons awaiting vaccination.**

Age Group 1943-1958 — 646. Expectant Mothers — 11.  
Age Group 1933-1942 — 181.

**Vaccination against Smallpox.**

In my report for 1957 I remarked that it was most desirable to increase the level of the "acceptance rate" for infant vaccination, and I also mentioned that the rate was less than half that for the Country as a whole. I had hoped that this information might have given an effective stimulus to parents and guardians of small children. Unfortunately, this was not



so, and a total of 56 children were vaccinated against Small-pox, an increase of 1 on the previous year's figure. Of this number 46 were infants under 1 year and 4 were over the age of 5 years. The remainder were adults.

**Food Poisoning.**

There was no case of Food Poisoning reported to the Department during the year, and no case of Dysentery, a disease closely allied to Food Poisoning, was brought to my notice.

It is quite obvious that this satisfactory state of affairs has been brought about by the good sense and a more realistic attitude on the part of the public and of those concerned in the hygienic preparation and handling of food. I hope to see a continuance of this high standard of personal, as well as general hygiene in the district.

**Tuberculosis.**

During the year there was an increase in the incidence of Tuberculosis in the district. 14 cases were notified, compared with 7 in the previous year. 12 of these were pulmonary, and 2 non-pulmonary.

Age Group	Respiratory		Non-Respiratory	
	M.	F.	M.	F.
0 — 5 years .....	—	—	—	—
5 — 15 years .....	—	—	1	—
15 — 30 years .....	1	3	—	—
30 to 45 years .....	2	1	—	—
45 to 65 years .....	4	—	1	—
65 years and over .....	1	—	—	—
TOTAL .....	8	4	2	—

At the end of the year on the Tuberculosis Register there were 90 cases, 63 Pulmonary (35 male, 28 female) and 27 Non-Pulmonary (14 male, 13 female). No action was taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925 and under Section 172 of the Public Health Act, 1936. During the year 10 cases were removed from the register for the following reasons — 3 died, 4 left the area, and 3 were cured. 9 cases were admitted into Sanatorium or Hospital and 7 were discharged.



Nationally and internationally every effort is being made towards the complete control of this disease. Health workers strive continually to check any spread of infection. Important factors in this direction are earlier notification because of more effective methods of diagnosis (e.g. mass miniature radiography), improved housing conditions, the control of the retail sale of raw milk (unless it is pasteurised, sterilised, or produced from tuberculin tested herds, and the ceaseless endeavour on the part of the health team to check up all contacts of notified cases. In the field of treatment, the use of an increasingly wider range of therapeutic agents, chemical and antibiotic, has now preserved life where 20 years ago a diagnosis of Pulmonary Tuberculosis was virtually a sentence of death.

We must not forget the part played by the Local Authority's Tuberculosis Health Visitor, who works in close liaison with the Consultant Chest Physician. She attends at the Chest Clinic, seeing the patient and taking part in the Clinical investigation.

I would mention at this point the work undertaken by the West Riding County Council Care and After-care Committee and the West Riding Distress Fund. Under the scheme for Extra Nourishment 2 pints of milk are provided free each day for patients suffering from Pulmonary Tuberculosis, on the recommendation of the Chest Physician. Help in the way of single beds and bedding is provided in cases of hardship. When necessary, and again on the recommendation of the Consultant Chest Physician, Open Air Shelters are obtained and erected in the patient's garden.

I wish to put on record my grateful thanks to Dr. Crowther, the Chest Physician in Barnsley, for his advice and considerable help on numerous occasions.

### **Mass Radiography.**

As I mentioned above, one of the main factors in the prevention of Tuberculosis is the work done by the mass miniature chest radiography, and in 1958 the Mass Radiography Unit visited Stocksbridge, where they undertook surveys at the Works of Messrs. Samuel Fox & Company, Stocksbridge, and Messrs. Lowood's Ltd., Deepcar.

At the same time I took advantage of this visit to arrange for senior Schoolchildren to be X-rayed. I find that this is a

useful complement to the B.C.G. scheme, as we get an X-ray picture of the children, and particularly those who reacted positively to the Mantoux Test.

It was also found possible to arrange one public session for women, and 230 took advantage of this offer. Of this number, 2 females were referred to the Chest Clinic for further investigation, where it was found that only one appeared to have a significant tuberculous lesion.

In all, 5,304 attendances were made at the Unit.

I append below tables showing a summary of the survey.

**Summary of Survey held at Messrs. Samuel Fox & Co. Ltd., Stocksbridge.**

Attendances for:—	Male	Female	Total
Miniature Film Examination .....	3753	505	4258
Large Film Recall .....	158	10	168
Clinical Interview .....	27	—	27
Total Attendances at Unit .....	3938	515	4453
Patients referred to :—			
Chest Clinic .....	24	—	24
Recheck in 3 to 6 months .....	4	—	4
Patient's own Doctor .....	46	5	51

**Summary of Survey held at Messrs. Lowood's Ltd., Deepcar.**

Attendances for:—	Male	Female	Total
Miniature Film Examination .....	265	35	300
Large Film Recalls .....	26	2	28
Clinical Interview .....	5	—	5
Total Attendances at Unit .....	296	37	333
Cases referred to :—			
Chest Clinic .....	5	1	6
Patient's own Doctor .....	6	—	6

## Summary of Public Survey held at Messrs. Samuel Fox & Co. Ltd., Stocksbridge.

Attendances for:—				Male	Female	Total
Miniature Films—Public Session				—	230	230
School Children				96	102	198
Netherfield Inst.				41	12	53
Miscellaneous				8	—	8
Total Miniature Films				145	344	489
Large Film Recall				7	18	25
Clinical Interview				1	3	4
Total Attendances at Unit				153	365	518
Patients referred to :—						
Chest Clinic				1	3	4
Patient's own Doctor				6	7	13

### Health Education.

One of my duties as Medical Officer of Health is to teach health — more popularly referred to as Health Education. In preventive medicine the teaching of positive health is very necessary. Unfortunately it is one of the most difficult subjects to ‘get across’. The average citizen does not seem to be concerned so long as he or she is apparently enjoying the best of health. This is understandable to a certain extent. It is so important that, even if we feel we are in good health, we should be aware of how we can live more healthily and how we can prevent the onset of ill health.

There are many media by which health education can be discussed, and one thinks of the amount that we have seen recently on Television. As an example, in a Cinema or on the T.V. Screen, an animated cartoon can get across a message to children much easier than by talking to the children.

I think that children are now beginning to acknowledge the various do's and don't's in their Health Education. They now know, for instance, that it is risky to accept unwrapped food, patronise unclean shops, drink out of cracked cups, deposit litter in the streets, and they also realise that it is the correct thing to do to wash their hands thoroughly before a meal, and particularly after using the W.C.



My impression is that the children are learning these things and thus one feels confident for the future.

My fieldworkers continue to do excellent work year after year. Health Visitors, along with the Midwives conduct small group meetings of expectant mothers to discuss the problems, real and imaginary, of their pregnancy and early motherhood. I am told that these meetings are very popular and enjoyed not only by the mothers who attend, but by the Nursing Staff themselves. At the Child Welfare Clinic the Health Visitors have excellent opportunities for informal discussions with Mothers about the general welfare of the baby. These unofficial talks are much appreciated by the Mothers. All this work is augmented by posters, film-strip lectures and other visual aids.

One finds that there is a sudden interest in health when some crisis has to be faced. When Asian Flu strikes the district, or Poliomyelitis appears, or there is a threat of Smallpox, then there is an overwhelming demand for advice and help. Here it is fear that motivates the desire for advice ; fear of Poliomyelitis, Smallpox or Cancer, or any other disease is the offspring of ignorance about that disease. The more people know about these things, the less they are afraid. As I pointed out in a previous paragraph, not many years ago the word Tuberculosis was enough to cause near panic. It is not so today. Health education has taught that a sensible approach to the problem can result in the casting out of fear.

### **National Assistance Act.**

There was no occasion to use the provisions of the National Assistance Act, 1948, or the Amendment Act, 1951, during the period under review.

## **GENERAL PROVISION OF THE HEALTH SERVICES.**

### **Hospitals.**

The Sheffield Regional Hospital Board is responsible for the provision of the Hospital Services covering this district. Infectious Disease cases are admitted to Lodge Moor Hospital, Sheffield. General cases are admitted to the Sheffield group of General Hospitals and occasionally to Barnsley Beckett Hospital.



### **Laboratory Services.**

These services are available at the Public Health Laboratories at City General Hospital and at Wakefield. The Medical Directors at each of these centres have been most helpful on a number of occasions and I am grateful to them for their advice and help.

### **Ambulance Service.**

As you are aware the Depot at Hoyland controls the service which covers the district of Stocksbridge. I should mention here that the long awaited Depot at Penistone became operational during 1958, and it was necessary for two vehicles from the main base at Hoyland to be transferred to Penistone. This new Depot should prove most beneficial to the Stocksbridge Urban District, but at the same time there are five vehicles at the main base at Hoyland still available to the district.

The whole of the area covered by the Depot at Hoyland is remote controlled with a transmitter sited at Kirk Balk School. The effect of this set-up provides for greater vehicle availability and in the event of a major disaster all vehicles operating in S.W. Yorkshire could be called upon immediately. The direct link with the fleets based on Wath, Maltby and Barnsley Beckett Hospital is still maintained.

It is anticipated that the Depot at Hoyland will, during the early part of next year, move into new, modern premises now nearing completion at Platts Common. For a considerable time now the Ambulance team at Hoyland have been doing a wonderful job under very difficult conditions, and these spacious new premises will fill a long-felt need.

### **Clinics.**

The following gives details of the Clinics and ancillary services.

#### **Tuberculosis Clinic.**

The Tuberculosis Clinic is held every Monday afternoon in a room at the rear of the Town Hall. The Chest Physician and Tuberculosis Health Visitor attend. The principal Clinic is at the Central Chest Clinic in Barnsley, where more detailed examination and investigation is carried out.

#### **Mobile Clinic.**

The Mobile Clinic continues to serve the scattered communities of Ewden, with sessions held fortnightly, on a Friday afternoon. Attendances during 1958 were 152.

Whilst it might be considered that the attendances represent a poor response to the expenditure and administration involved in supplying this mobile service, it must be appreciated that this Clinic is providing a valuable service to scattered families who would never experience the benefits of Clinic facilities.

The Health Visitor attends each session to give advice and teach the principles of positive health. A Doctor attends for certain sessions to carry out immunisation against Whooping Cough, Diphtheria and Poliomyelitis, and advise the Mother on any problems she may have.

### **Child Welfare Clinic.**

This Clinic is held every Tuesday afternoon at the British Hall, Stocksbridge, and is well attended. It provides individual advice, health education, vaccination against Smallpox and immunisation against Whooping Cough and Diphtheria.

In addition the premises are used for special sessions for vaccination against Poliomyelitis, B.C.G., and Eye Clinics.

During the year 144 new babies attended the Clinic for the first time, the total number of attendances being 1,807.

The staff at the Clinic consists of the Medical Officer, Dr. Patterson, and the Health Visitors, Miss Gregory and Mrs. Sellars. Mrs. Laycock, the part-time assistant, attends when extra help is required.

### **Health Visiting Service.**

There have been difficulties during the year in maintaining adequate staff to provide an efficient service. Mrs. Dransfield, the Assistant Health Visitor, was away taking extra training during the year with the result that Miss Gregory was the only qualified Health Visitor in the area, Mrs. Laycock was available to assist her. The position improved when Mrs. Sellars, a qualified Health Visitor, was appointed on the 14th July, 1958.

The Health Visitor is the family visitor and her duties are to advise on problems affecting any member of the family. The work of the Health Visitor is prevention, and on every occasion her aim must be to teach positive health. Visits are made to expectant Mothers, children under 5 years of age, the aged persons in their homes, and all homes where a Home

Help is employed. Liaison between the home and the Hospital Almoner is the responsibility of the Health Visitor. Her duties in Schools include hygiene inspections and being present at School Medical Inspections to provide the School Medical Officer with valuable information about the families.

During the year a total of 4,405 visits were made by these Health Visitors.

The Health Visiting Staff during 1958 was as follows:—

Name	Address	Telephone No.
Miss K. Gregory	20, Don Avenue, Sheffield, 6.	Sheffield 345445
Mrs. H. Dransfield	48, Ridal Avenue, Garden City, Stocksbridge.	Stocksbridge 2214
Mrs. L. M. Sellars (Appointed 14/7/58)	Handbank Farm, Midhope, Stocksbridge.	Penistone 3387
Mrs. M. A. Laycock (Part-time Assistant)	6, Unsliven Road, Stocksbridge.	

### Home Nursing Service.

The service in Stocksbridge is provided by one Home Nurse and one Home Nurse-Midwife. Both are fully equipped and mobile.

Name	Address	Telephone No.
Miss D. Webb	“ Brent Knoll,” Royd Lane, Deepcar.	Stocksbridge 3165
Mrs. A. M. Armitage (Returned to duty 1/4/58)	3, Heath Road, Stubbin Farm Estate, Deepcar.	Stocksbridge 2294

The Home Nurses have provided an efficient service to all homes where nursing care has been required, and are well received by the families they attend.

During the year under review they made a total of 4,471 visits.



## Midwifery Service.

The Midwifery Staff is as follows :—

Name	Address	Telephone No.
Miss R. Crossley	“Walderscroft,” Hollin Busk Road, Deepcar.	Stocksbridge 3135
Mrs. A. M. Armitage (Returned to duty 1/4/58)	3, Heath Road, Stubbin Farm Estate, Deepcar.	Stocksbridge 2294

These Midwives give an efficient service with regard to all aspects of Midwifery. Both are mobile and able to administer Gas and Air Analgesia.

As mentioned in my report last year, Mrs. Armitage temporarily left the service for domestic reasons, and returned on the 1st April, 1958. During her absence in 1958 her duties were undertaken by Miss Crossley, who was assisted by the Divisional Relief Midwife from Ecclesfield and the District Nurse/Midwife from Oughtibridge.

During the year the Midwives attended 61 confinements. They attended 54 cases in their capacity as Midwives and 7 as Maternity Nurses. Only 6 cases availed themselves of the benefits of Gas and Air Analgesia. I cannot find any explanation why so few take advantage of this particular aid.

## NURSING STAFF AS AT 1st JULY, 1959.

### Health Visiting.

Name	Address	Telephone No.
Miss K. Gregory	20, Don Avenue, Sheffield, 6.	Sheffield 345445
Mrs. L. M. Sellars (Appointed 14/7/58)	Handbank Farm, Midhope, Stocksbridge.	Penistone 3387
*Mrs. H. Fieldsend (Commenced duty 1/7/59)	48, Ridal Avenue, Garden City, Stocksbridge.	Stocksbridge 2214
Mrs. M. A. Laycock (Part-time Assistant)	6, Unsliven Road, Stocksbridge.	

### Midwives.

Miss R. Crossley	“Walderscroft,” Hollin Busk Road, Deepcar.	Stocksbridge 3135
Mrs. A. M. Armitage (Returned to duty 1/4/58)	3, Heath Road, Stubbin Farm Estate, Deepcar.	Stocksbridge 2294



## Home Nursing.

Miss D. Webb (Sick)	“ Brent Knoll,” Royd Lane, Deepcar.	Stocksbridge 3165
Mrs. A. M. Armitage (Returned to duty 1/4/58)	3, Heath Road, Stubbin Farm Estate, Deepcar.	Stocksbridge 2294
Mrs. M. Moore (Relief)	36, Park Avenue, Chapelton.	Ecclesfield 3810
* Prior to her marriage Mrs. H. Dransfield.		

## Domestic Help Service.

During the year the scheme for the provision of domestic help continued to function in a satisfactory manner. Assistance was given to an increased number of general cases over the age of 65 years, with a corresponding increase in hours.

One important aspect of this service is that more and more old people are helped to remain in their own homes instead of being admitted to Old People's Institutions or Hospitals. Nevertheless the service does not and should not replace the neighbourly interest and help which is so often needed from those who live in close proximity to the aged people.

An unfortunate feature of the scheme, however, is the occasional reluctance on the part of relatives to give assistance or show any practical interest in the old people once a Home Help has been supplied. It is regrettably true that on occasions the presence of a Home Help is taken by the relatives as an indication that the complete responsibility of the aged person should be that of the Local Health Authority. I cannot too strongly deplore this attitude. The statutory services can never completely replace the care, attention and affection which should be given by relatives.

During 1958 a total of 10,277 Domestic Help hours were provided in the Stocksbridge area. In all 18 Domestic Helps were employed, attending 64 cases. Of the total 38 were continued from 1957, the remainder being new cases. The types of cases where the Domestic Help Service was made available are classified as follows :—

Maternity Cases	.....	.....	.....	.....	.....	.....	4
Tuberculosis	.....	.....	.....	.....	.....	.....	1
General Cases over 65 years	.....	.....	.....	.....	.....	.....	53
General Cases under 65	.....	.....	.....	.....	.....	.....	4
Others	.....	.....	.....	.....	.....	.....	2
TOTAL							64

**Distribution of Welfare Foods.**

The welfare foods issued in the Stocksbridge Urban District during the twelve months ended 31st December, 1958, were as follows :—

- National Dried Milk—2,570 tins.
- Cod Liver Oil—590 bottles.
- Vitamin A & D Tablets—428 packets.
- Orange Juice—4,541 bottles.

I append below a table showing the Distribution Centres covering the whole Division.

Address of Premises	Day	Time
STOCKSBRIDGE URBAN DISTRICT Child Welfare Centre, British Hall, Stocksbridge.	Tuesday  Friday	10—12 a.m. 1-30—3-30 p.m. 10—12 a.m.
PENISTONE URBAN DISTRICT Child Welfare Centre, Shrewsbury Road, Penistone.  Mr. A. Dyson, Town End, Thurlstone.	Monday  During Shop Hours	2—4 p.m.
PENISTONE RURAL DISTRICT Child Welfare Centre, Golf Club, Cawthorne.  Private House, Mrs. Pratt, Fir Tree, Thurgoland.  Stocksbridge Co-op, Crane Moor, Sheffield.	Wednesday  On application at House (except Sundays)  During Shop Hours	1-30—3-30 p.m.
HOYLAND NETHER URBAN DISTRICT Child Welfare Centre, Church Schoolroom, Hoyland Common .....  Child Welfare Centre, Miners' Welfare Hall, Hoyland	Thursday  Tuesday	2—4 p.m.  11—12 a.m. 2—4 p.m.

Address of Premises	Day	Time
<b>WORTLEY RURAL DISTRICT</b>		
Clinic Parish Hall, Oughtibridge .....	Thursday	2—4 p.m.
Clinic, Brightholmlee, Chapel, Wharncliffe Side .....	Alternate Tuesdays	2—4 p.m.
Clinic, Memorial Hall, Worrall .....	Alternate Tuesdays	2—4 p.m.
Child Welfare Centre, Miners' Welfare Hall, Chapeltown	Wednesday	11—12 a.m. 2—4 p.m.
Clinic, Methodist Chapel, High Green .....	Tuesday	2—4 p.m.
Clinic, Gatty Memorial Hall, Ecclesfield .....	Monday Thursday	2—4 p.m. 2—4 p.m.
Child Welfare Centre, Scout Hall, Grenoside .....	Thursday	2—4 p.m.
Child Welfare Centre, Scout Hall, Tankersley .....	Alternate Mondays	2—4 p.m.
Child Welfare Centre, St. Paul's Inst., Wheata Road, Sheffield 5. ....	Tuesday	1-30—3-30 p.m.
Child Welfare Centre, Knowle Top, Stannington .....	Wednesday	2—4 p.m.
Child Welfare Centre, Congregational Church, Loxley	Alternate Tuesdays	1-30—3-30 p.m.



# SANITARY CIRCUMSTANCES — 1958.

(Prepared by Mr. D. E. Robinson).

## Nuisances.

Table showing the number and type of nuisances found and action taken during the year.

Blocked Drains .....	72
Blocked or defective Sink Wastes .....	18
Blocked or Defective W.C.'s .....	11
Defective Dust Bins .....	32
Defective Roofs, Eaves, Gutters and Fall Pipes .....	11
Dampness — various causes .....	14
Defective Fireplace .....	1
Miscellaneous .....	3
	<hr/>
	162
Nuisances brought forward from 1957	3
	<hr/>
Total needing abatement .....	165
Abated during 1958 .....	162
	<hr/>
Outstanding December 1958 .....	3
	<hr/>
Informal Notices served .....	82
Informal Notices complied with .....	79
Statutory Notices served .....	1

## Closest Accommodation.

The closet accommodation at the end of the year consisted of :— 61 Privies and 3,964 water closets.

## Privy Conversions.

At the end of the year only 1 privy conversion notice concerning 1 privy remained to be dealt with.

3 privies were converted by the property owner who received the contribution made by the Council under the circumstances.

## Refuse Collection.

Household refuse is collected from 3,448 Dustbins, 61 Privies and 9 Dry Ashpits.



The Karrier Bantam collector was replaced early in the year by a new lorry of similar type but with a Diesel engine. The Karrier C.K.3. continues to give good service. The period of refuse collection has varied between seven and ten days.

**Refuse Disposal.**

Pot House tip was used throughout the year and tipping was properly controlled. Old tipped material from the same site was used with success for covering the intermediate layers. At the end of the year the tip was nearing the stage at which the Council had agreed to close. Tipping is available for a period of about six months only at Holling Busk and there is an urgent need for a new disposal site.

**Salvage.**

The Contract with Messrs. Thames Board Mills was continued and the following sales were made :—

					Weight			Value		
					T.	C.	Q.	£	s.	d.
Mixed Waste	.....	.....	.....	.....	12	0	1	86	6	11
Periodicals	.....	.....	.....	.....	2	4	3	20	2	9
Newsprint	.....	.....	.....	.....	31	16	3	309	8	6
					<hr/>			<hr/>		
Total .....					46	1	3	£415	18	2
					<hr/>			<hr/>		

Collections of newsprint have been on the increase at a period when the demand for this material has decreased, and imposed quotas have much spoilt the regular routine of collection, baling and disposal.

**Food.**

**Milk.** There are 8 Registered Milk Retailers in the district. One pasteurising plant is licensed under the Milk (Special Designation Pasteurised and Sterilised) Regulations 1949-1954. Three Dealers licences are in force in respect of Tuberculin Tested Milk under The Special Designation (Raw Milk) Regulations 1949-1954.

**Ice Cream.** No ice cream is manufactured locally. Three licences for the sale only of ice cream were granted during the year bringing the total of premises so licensed to 35.

**Inspections.** 45 inspections of registered food premises were made.

**Meat.** Two private slaughterhouses are in use. All the animals slaughtered were examined namely :—

149 Beasts, 181 pigs and 136 sheep and for the purpose of examination. 127 separate visits were paid.

The following table shows the diseased conditions found and the meat and/or organs surrendered and destroyed.

Disease	Animal	Parts Surrendered		
		Lungs	Liver	Mesentery
Localised Tuberculosis .....	Beasts	2		1
Abscesses .....	Beasts		2	
Fluke Disease	Beasts		7	

**Other Foods.**

The following list shows unsound food surrendered and destroyed by incineration :—

Canned Meats .....	98 lbs.	15 ozs.
Canned Fish .....	2 lbs.	3½ ozs.
Canned Fruit .....	398 lbs.	11 ozs.
Canned Vegetables .....	6 lbs.	15½ ozs.
Canned Milk .....	1 lb.	14 ozs.
Canned Soup .....		10 ozs.
Sausage .....	17 lbs.	0 ozs.
Bacon .....	76 lbs.	0 ozs.
	602 lbs.	5 ozs.

About 22 cwts. of similar stocks were examined and found satisfactory.

**Food Premises.**

The number and type of food premises in the area including sales shops is as follows :—

Bakeries .....	3
Canteens .....	4
Fish Fryers & Wet Fish Salesmen .....	7
General Grocers .....	10
General Grocers including bread and confectionery .....	40
General Grocers including bread, confectionery and meat .....	2
Sugar Confectionery .....	8
Butchers .....	15

## **Water Supply.**

Stocksbridge's water is supplied and distributed by the Sheffield Corporation. Of the 3,693 houses in the district 3,611 have a public supply.

## **Rodent and Insect Control.**

After a 10% test of the district sewers had been carried out it was observed that small takes of prebait had occurred at certain manholes in the western sector. Poison bait was laid at manholes in the area and later inspection showed the section involved to be free from infestation. Some minor rodent infestations were found and advice and assistance with the necessary treatment was given to the occupiers with successful results.

Two instances of cockroach infestation were found and dealt with.

The Council's tip and sewage disposal works have been reasonably free from infestation.

## **Disinfection.**

Premises were disinfected in six instances after infectious diseases.

## **Housing.**

New Houses Completed.

(a) By Local Authority —

Stubbin Estate .....	58
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(b) By Private Enterprise .....	47
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Total .....	105
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## **Closure of Houses.**

No representations were made in respect of houses under Section 11 of the Housing Act 1936.

## **Relief of Overcrowding.**

In the letting of the Council's houses 6 cases of overcrowding concerning 46 persons were dealt with.

## **Clearance Orders.**

The Button Row Clearance Order, a group of 15 houses occupied by 36 persons was confirmed by the Minister on December 19th, 1958.

## **Repair and Reconditioning.**

Seven dwellings were rendered reasonably fit in consequence of informal action by the Local Authority.



**Improvement Grants.**

Twenty seven applications were granted, twenty four from owner occupiers and three in respect of tenanted houses. The value of the grants totalled £4,098 0s. 0d.

**Loans for House Purchase.**

The following shows the number and value of loans granted for house purchase during the year.

**Number of Loans Granted.**

New Houses	Existing Houses	Total.	Total Value of Loans.
2	33	35	£20,554. 0. 0.

**New Buildings and Development 1958.**

**Proposals submitted for Approval.**

	Approved	Dis- approved	Total
Garages .....	95	2	97
Garden Sheds, Coal Stores, Porches, etc. ....	18	—	18
Sanitary Conveniences .....	36	—	36
Store Sheds .....	3	—	3
Offices and Works Extensions .....	13	—	13
New Dwelling Houses .....	15	—	15
Dwelling House Extensions .....	4	—	4
Residential Layouts .....	6	—	6
Overhead Lines .....	3	—	3
Conservatories .....	8	—	8
Advertisements Signs .....	5	—	5
Extensions to Licensed Premises	2	—	2
Parish Hall .....	1	—	1
Central Area Development .....	1	—	1
Workshop .....	1	—	1
Change of Use .....	2	—	2
Deep Litter House .....	1	—	1
Junior School .....	1	—	1
Classrooms .....	1	—	1
Caravan Site .....	—	1	1
Outline Application .....	—	1	1
	216	4	220









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